

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90053 029 ***150.00

DOCUMENT # F01000005363

1. Entity Name
COMPUTER NETWORKING TECHNOLOGIES CORPORATION



Principal Place of Business
800 8TH AVENUE WEST, SUITE 7
PALMETTO FL 34221

Mailing Address
P.O. BOX 1088
PALMETTO FL 34220-1088



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
323 10TH AVE. W.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

City & State
PALMETTO, FLORIDA

City & State

Zip
34221

Country
U.S.A

Zip

Country

4. FEI Number 36-4268635

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCKHOFF, MOLLY N
800 8TH AVENUE WEST, SUITE 7
PALMETTO FL 34221

Name

Street Address (P.O. Box Number is Not Acceptable)

323 10TH AVE. W.

SUITE 102

PALMETTO

FL

Zip Code

34221

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PSCD
STREET ADDRESS BROCKHOFF, MOLLY N
CITY-ST-ZIP 800 8TH AVENUE WEST, SUITE 7
PALMETTO FL 34221

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 323-10TH AVE. W. SUITE 102
CITY-ST-ZIP PALMETTO, FL 34221

TITLE ☐ Delete
NAME VTD
STREET ADDRESS BROCKHOFF, JOHN A
CITY-ST-ZIP 800 8TH AVENUE WEST, SUITE 7
PALMETTO FL 34221

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 323-10TH AVE. W. SUITE 102
CITY-ST-ZIP PALMETTO, FL 34221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/03 (941) 721-6423
Date Daytime Phone #

CR2E034 (10/02)